

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039962

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10428

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN *ST. Louis*c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *De Paul Hospital*Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri*b. COUNTY *ST. Louis*

c. CITY

OR TOWN *Northwoods*

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4415 June

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

*AGUSTIN**Bailleres*

4. DATE OF DEATH

Month

Day

Year

10-30-1962

5. SEX

Male

6. COLOR OR RACE

*White*7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-25-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chef

10b. KIND OF BUSINESS OR INDUSTRY

Stn Bar Fuller

11. BIRTHPLACE (City and state or country)

Mexico

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Not Known

13b. MOTHER'S MAIDEN NAME

Not Known

14. NAME OF HUSBAND OR WIFE

Martha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

M. Hunt.

Address

4415 June

18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

*Obstruction common bile duct**probable Carcinoma head of**pancreas**157x*

INTERVAL BETWEEN ONSET AND DEATH

*6 weeks**6 mo*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *3-27-46* to *10-30-62* and last saw him alive on *10-29-62*Death occurred at *1:00* a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles J. Sullivan

22b. ADDRESS

6000 W. Belmont

22c. DATE SIGNED

10-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-1-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

ST. Louis Co. Mo

24. FUNERAL DIRECTOR

O'Sullivan, Muckle, Kron

ADDRESS

Jennings Rd.

25. DATE RECD. BY LOCAL REG.

OCT 31 1962

26. REGISTRAR'S SIGNATURE

*Leon Smith, M.D.*USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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24033

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DeCA Post
6000 W. Florissant St.
St. Louis 5, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Albert Mayfield

Licensed Embalmer No. _____

3077

P. O. Address _____

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.